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STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

\$50 fee OK-EG 6.12.08 YAKIMA	
FOR OFFICE USE ONLY	
CHANGE No.	CS4-02398 CTCL 032 WRIA 37
DATE ACCEPTED	11/12/08 BY [Signature]
FEE \$	50.00 REC'D 6/11/08
CHECK No.	6196
Receipt # 205500	
ECY Coding: 001-002-WR10285-000011	
SEPA:	<input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Robert M. and Donna L. McInnis	(509) 966 2462	()
ADDRESS		
3412 Marks Road		
CITY	STATE	ZIP CODE
Yakima	WA	98903-9755
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
	()	()
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Aguaveilla 2398 Pope 15	Robert McInnis
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

COURT CLAIM 02398	
SUB 23 AHTANUM	
FOR OFFICE USE ONLY	
APP. NO.	PERMIT NO.
CERT. NO.	CERT. OF CHANGE NO.

CS4-02398 CTCL 032

3. Point(s) of Diversion/Withdrawal:

A. Existing *SE 1/4 NE 1/4 SW 1/4*

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Hutton Creek	1	SE	NE	9	12	17		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Hutton Creek		SE	SE	9	12	17	171209-41412	
Hutton Creek		SW	SE	9	12	17	171209-41405	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S)

Please include copies of all water well reports involved with this proposal. the nearest section corner to the above point(s) of diversion/withdrawal, please include No. 6 (remarks) or as an attachment.

There was no attachment with this
10/13/08
K

s from
1 item

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
irrigation	0.17	29.52	April 15 - July 10
	0.01	2.03	April 15 - July 10

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

YC Tax parcels 171209-41404; 171209-41406; 171209-41407; 171209-41412
171209-41405

1/4	1/4	SEC.	TWP.	RGE.	COUNTY

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S)

41404 2.48 ac
41406 1.29
41407 2.41
41412 10.98 ac

17.16 acres 12R

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS

SAME					
1/4	1/4	SEC.	TWP.	RGE.	COUNTY

PARCEL # # OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Robert M. McInnis</u> (Applicant)	<u>6/15/08</u> (Date)
<u>Robert M. McInnis</u> (Water Right Holder)	<u>6/15/08</u> (Date)
<u>Robert M. McInnis</u> (Land Owner(s) of Existing Place of Use)	<u>6/15/08</u> (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____